## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		⊢	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			্র minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			නු minus 3 =		*			X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT		·			-140=		OR	+280=	
* If	the difference	less than ze	ss than zero, enter "0" in o			T	OTAL		OR	TOTAL	750	
CLAIMS AS AMENDED - PART II								OTHER THAI SMALL ENTITY OR SMALL ENTIT				
(Column 1)			(Colum HIGHE			(Column 3) SMAL		INALL		UN <b>I</b>	SWALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CL AIM	=		X42=		OR	X84=	
<u></u>	C -8	INTATION OF IM	OLTIFLE DE	PENDEN	CLAIIVI		Γ,	-140=		OR	+280=	
1-								TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							DIT. FEE			ADDIT. FEE	
		(Column 1)		HIGH		(Column 3)	_		455	, vi		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	:	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	F.CL AIRA	-		X42=		OR	X84=	
┞	FIRST PRESE	INTATION OF IM	OLTIPLE DE	PENDEN	CLAIM			-140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
W	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		T CLAIM		l	N42-		OR		
	If the ont-	uma 1 ia lasa tha - t	the entering		- "O" :	luma 2	Ŀ	-140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
1	The "Highest Nur	nber Previously Pa	aid For" (Total o	or Independ	lent) is the	e highest numbe	er found	in the apr	propriate bo	x in co	lumn 1.	